



ATTORNEY DOCKET NO. 04150.0017U1
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)	
)	
SNELL et al.)	Group Art Unit: 3767
)	
Application No. 10/522,265)	Examiner: Deanna K. Hall
)	
Filing Date: April 4, 2005)	Confirmation No.: 8824
)	
For: SYRINGES)	

TRANSMITTAL LETTER

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.
Customer Number 23859

September 12, 2007

Sir:

Transmitted herewith is the following in the above-identified application:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Response to Office Action | <input checked="" type="checkbox"/> Petition to Extend Time |
| <input checked="" type="checkbox"/> Fee as calculated below | <input type="checkbox"/> Supplemental Declaration |
| <input type="checkbox"/> No Additional Fee Required | <input type="checkbox"/> Terminal Disclaimer |
| <input type="checkbox"/> Replacement Drawings | <input checked="" type="checkbox"/> Other <u>Copy of FR 2,292,487 and</u> |
| | <u>Page From International Search Report</u> |

CLAIMS AS AMENDED							
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDITIONAL FEE
Total Claims					X \$50.00		\$0.00
Independent Claims					X \$200.00		\$0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim					+ \$360.00		\$0.00
EXTENSION FEE	1 st Month \$120 <input type="checkbox"/>	2 nd Month \$450 <input checked="" type="checkbox"/>	3 rd Month \$1020 <input type="checkbox"/>	4 th Month \$1590 <input type="checkbox"/>	5 th Month \$2160 <input type="checkbox"/>		\$450.00
<input type="checkbox"/> Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -							- \$0.00
TOTAL FEE DUE							\$450.00

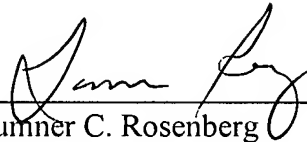
ATTORNEY DOCKET NO. 04150.0017U1
APPLICATION NO. 10/522,265

Payment:

- ☐ A check in the amount of \$_____ is enclosed.
- ☒ Payment by credit card in the amount of \$450.00 for the fees designated below. (Form PTO-2038 enclosed).
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$_____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

Respectfully submitted,

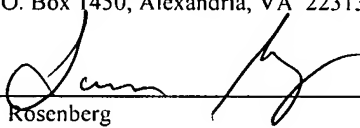
NEEDLE & ROSENBERG, P.C.


Sumner C. Rosenberg
Registration No. 28,753

NEEDLE & ROSENBERG, P.C.
Customer Number 23859
(678) 420-9300
(678) 420-9301 (fax)

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence, including any items indicated as attached or included, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below.


Sumner C. Rosenberg

9/12/07
Date